

---

## Index

---

- Adnexal masses**  
  diagnostic evaluation, 577–580  
  follow-up of adnexal masses, 580  
  tumor markers, 581  
  management  
    cyst aspiration, 581  
    expectant management, 581  
    incidental mass discovered at cesarean, 583  
    obstetrical considerations and perinatal outcomes, 582–583  
    progesterone supplementation, 583  
    surgical resection, 581–582  
  ovarian cancer in pregnancy, 583–584  
  potential scenarios  
    benign “functional” masses, 572–574  
    benign neoplasms, 574–575  
    malignancy, 576–577  
    mass effect, 576  
    spontaneous resolution, 571–572  
    torsion, 575–576  
  in pregnancy  
    incidence, 571
- Anesthesia for nonobstetric surgery**  
  cardiac surgery, 542  
  clinical suggestions, 543–544  
  evidence that anesthetics may influence fetal/neonatal development, 539–541  
  fertility and pregnancy retention, 541  
  fetal monitoring, 541  
  fetal surgery, 542–544  
  fetal vulnerability to teratogenicity, 537–539  
  laparoscopy, 542  
  operating room personnel and anesthetic exposure, 541  
  physiologic changes of pregnancy, 536–537  
  trauma, 542
- Appendicitis and cholecystitis in pregnancy**  
  appendicitis, 586–589  
  cholecystitis, 589–592  
  radiologic imaging considerations, 592–594  
  surgical considerations, 594
- Cardiac surgery in pregnancy**  
  aortic dissection and aortic aneurysm, 638–639  
  cardiopulmonary bypass in pregnancy, 640–641  
  cardiovascular adaptation to pregnancy, 631–632  
  considerations for labor and delivery, 644–645  
  ischemic heart disease, coronary artery disease, 639  
  predicting outcomes for surgical cardiac disease in pregnancy, 632–634  
  surgical considerations for valvular heart disease, 634  
    acute prosthetic valve dysfunction, 636–638  
    aortic stenosis, 636  
    mitral stenosis, 634–636  
  surgically corrected congenital heart disease, 641–644
- Cerclage in pregnancy**  
  does a cerclage need to be carried out in subsequent pregnancy after previously successful pregnancy? 607–608  
  historical risks suggesting high risk for cervical insufficiency and history indicated cerclage, 599–600  
  physical examination- indicated cerclage, 602  
  recurrent premature birth or second trimester loss despite cerclage: transabdominal cervicoisthmic cerclage (TAC), 602–603  
  risks of history indicated vaginal cerclage, 600  
  should a cerclage be removed in the face of ruptured membranes? 607  
  should a cerclage that has slipped be replaced? 606–607  
  surgical technique  
    TAC, 606  
    transvaginal approach, 603–606  
  syndromic phenomena of cervical change, 598–599  
  ultrasound indicated vaginal cerclage, 601–602
- Female sexual arousal disorder, diagnosis and treatment of, 675–678**  
  treatment, 678–680
- Fetoscopic management of complicated monochorionic twins, 647**  
  SIUGR, 651–652  
  TRAP sequence, 650–651  
  TTTS, 648–650
- Hypoactive sexual desire disorder, diagnosis and treatment of**  
  aging and declining androgens in women, 667–668  
  aging and declining sexual desire, 668  
  androgens, aging, and sexual desire, 667  
  custom formulated gels and creams for women, 671  
  diagnosis, 666–667  
  intramuscular testosterone, 671  
  oral androgens, 671  
  dehydroepiandrosterone, 672

---

## Index

---

- Adnexal masses**  
  diagnostic evaluation, 577–580  
  follow-up of adnexal masses, 580  
  tumor markers, 581  
  management  
    cyst aspiration, 581  
    expectant management, 581  
    incidental mass discovered at cesarean, 583  
    obstetrical considerations and perinatal outcomes, 582–583  
    progesterone supplementation, 583  
    surgical resection, 581–582  
  ovarian cancer in pregnancy, 583–584  
  potential scenarios  
    benign “functional” masses, 572–574  
    benign neoplasms, 574–575  
    malignancy, 576–577  
    mass effect, 576  
    spontaneous resolution, 571–572  
    torsion, 575–576  
  in pregnancy  
    incidence, 571
- Anesthesia for nonobstetric surgery**  
  cardiac surgery, 542  
  clinical suggestions, 543–544  
  evidence that anesthetics may influence fetal/neonatal development, 539–541  
  fertility and pregnancy retention, 541  
  fetal monitoring, 541  
  fetal surgery, 542–544  
  fetal vulnerability to teratogenicity, 537–539  
  laparoscopy, 542  
  operating room personnel and anesthetic exposure, 541  
  physiologic changes of pregnancy, 536–537  
  trauma, 542
- Appendicitis and cholecystitis in pregnancy**  
  appendicitis, 586–589  
  cholecystitis, 589–592  
  radiologic imaging considerations, 592–594  
  surgical considerations, 594
- Cardiac surgery in pregnancy**  
  aortic dissection and aortic aneurysm, 638–639  
  cardiopulmonary bypass in pregnancy, 640–641  
  cardiovascular adaptation to pregnancy, 631–632  
  considerations for labor and delivery, 644–645  
  ischemic heart disease, coronary artery disease, 639  
  predicting outcomes for surgical cardiac disease in pregnancy, 632–634  
  surgical considerations for valvular heart disease, 634  
    acute prosthetic valve dysfunction, 636–638  
    aortic stenosis, 636  
    mitral stenosis, 634–636  
  surgically corrected congenital heart disease, 641–644
- Cerclage in pregnancy**  
  does a cerclage need to be carried out in subsequent pregnancy after previously successful pregnancy? 607–608  
  historical risks suggesting high risk for cervical insufficiency and history indicated cerclage, 599–600  
  physical examination- indicated cerclage, 602  
  recurrent premature birth or second trimester loss despite cerclage: transabdominal cervicoisthmic cerclage (TAC), 602–603  
  risks of history indicated vaginal cerclage, 600  
  should a cerclage be removed in the face of ruptured membranes? 607  
  should a cerclage that has slipped be replaced? 606–607  
  surgical technique  
    TAC, 606  
    transvaginal approach, 603–606  
  syndromic phenomena of cervical change, 598–599  
  ultrasound indicated vaginal cerclage, 601–602
- Female sexual arousal disorder, diagnosis and treatment of, 675–678**  
  treatment, 678–680
- Fetoscopic management of complicated monochorionic twins, 647**  
  SIUGR, 651–652  
  TRAP sequence, 650–651  
  TTTS, 648–650
- Hypoactive sexual desire disorder, diagnosis and treatment of**  
  aging and declining androgens in women, 667–668  
  aging and declining sexual desire, 668  
  androgens, aging, and sexual desire, 667  
  custom formulated gels and creams for women, 671  
  diagnosis, 666–667  
  intramuscular testosterone, 671  
  oral androgens, 671  
  dehydroepiandrosterone, 672

- methyltestosterone, 672
  - micronized testosterone, 672
  - prevalence and clinical course, 667
  - regulatory issues, 673
  - restoring sexual desire with testosterone, 668-669
  - safety issues in prescribing testosterone to women, 672-673
  - subcutaneous, 671
  - testosterone matrix patches for men (off-label), 671
  - testosterone matrix patches for women, 669-671
  - testosterone products in development, 672
  - transdermal testosterone gels and creams for men (off-label), 671
- Impact of rape on female sexuality, 702-703
  - method
    - data sources, 703
    - study eligibility, 703-704
    - study selection, 704
  - results
    - genital injury and sexually transmitted diseases, 704-708
    - intersection of psychologic functioning and sexual health concerns, 709
    - reproductive and sexual functioning, 708
    - sexual behaviors, 708-709
- Laparoscopy in pregnancy
  - complications
    - entrance techniques, 563-564
    - gastrointestinal, 564
    - urinary, 564
    - vascular, 564-565
  - fetus, 559-560
  - gastrointestinal issues
    - appendicitis, 566-567
    - gallbladder disease, 567
  - gynecologic issues, 565-566
  - obesity, 560-563
  - physiology and anesthesia, 558-559
- Partnership issues and sexuality, 656-658
  - creating sex esteem, 663-664
  - decline in sexuality over time, 659-660
  - dichotomy in female sexuality, 658-659
  - enhancing normal sexuality, 664
  - sexual response circle, 660-662
- Sexuality and sexual dysfunction, 654-655
- Sexual pain
  - definitions and characteristics of, 683-684
  - diagnosis, 685-686
  - etiology, 684
  - pathophysiology, 684-685
  - prevalence, 682-683
  - psychologic aspect, 685
  - treatment
    - deep dyspareunia, 686
    - superficial dyspareunia, 686-688
- Sexual ramifications of medical illness
  - evaluation of patients for sexual dysfunction, 695-696
  - sexual dysfunction and cancer, 693-694
  - sexual health and cardiovascular disease, 691-692
  - sexual problems and endocrine disease, 692-693
  - treatment options for sexual dysfunction, 696-699
- Surgery in obese pregnant patients
  - anesthesia, 548-549
  - bariatric surgery, 553-554
  - definition, 547
  - fetal monitoring, 549-550
  - intraoperative complications, 549
  - lifestyle modification, 551-552
  - obesity epidemic, 546-547
  - pharmacotherapeutic options, 552-553
  - postoperative complications, 550-551
  - pregnancy after bariatric surgery, 554-555
  - preoperative issues, 547-548
  - prepregnancy weight loss
    - nonsurgical weight loss options, 551
- Surgical intervention in pregnancy, 533-534
- Trauma in pregnancy
  - background, 611-612
  - blunt trauma, 621
  - abruption, 622
  - delivery rates and modes, 613-614
  - fetal monitoring, 621
  - general management considerations in relation to the obstetric patient, 627-628
  - general trauma management, 623
  - maternal-fetal outcomes: population-based studies, 614-616
  - maternal physiology
    - cardiovascular-mediating drugs commonly used in trauma, 617
    - diagnostic imaging with nonionizing radiation, 619-620
    - imaging in pregnancy, 618-619
    - invasive hemodynamic monitoring, 616-617
    - mechanical ventilation in the pregnant patient, 617-618
    - utility of Kleihauer-Betke testing in trauma, 618
  - penetrating trauma, 622-623
  - primary survey
    - airway, 623-624
    - breathing, 624-625
    - circulation, 625-626
    - disability, 627
  - risk factors, 612
  - typical mechanisms of trauma-related maternal injury, 612-613